



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
**TENNESSEE AUCTIONEER COMMISSION**  
500 James Robertson Parkway  
Davy Crockett Tower, 6<sup>TH</sup> Floor  
Nashville, Tennessee, 37243-1152  
(615) 741-3236

---

## INSTRUCTOR APPROVAL

---

PERSONAL INSTRUCTOR INFORMATION
---------------------------------

<b>INSTRUCTOR NAME:</b>
-------------------------

<b>INSTRUCTOR ADDRESS:</b>
----------------------------

<b>INSTRUCTOR PHONE:</b>
--------------------------

<b>INSTRUCTOR FAX:</b>
------------------------

<b>INSTRUCTOR E-MAIL:</b>
---------------------------

<b>LIST ANY DISCIPLINARY ACTION TAKEN BY ANY LICENSING OR CERTIFYING BODY:</b>
--

<b>CHECK AT LEAST ONE AREA IN WHICH YOU MEET THE REQUIREMENT FOR TEACHING CONTINUING EDUCATION COURSES FOR AUCTIONEERS AND ATTACH SUPPORTING DOCUMENTATION:</b>
---

- |   |
|---|
| <input type="checkbox"/> A Masters Degree in any field and two (2) years of experience directly related to the subject matter to be taught.         |
| <input type="checkbox"/> A Baccalaureate degree in any field and three (3) years of experience directly related to the subject matter to be taught. |
| <input type="checkbox"/> A Masters Degree or higher degree in a field that is directly related to the subject matter being taught.                  |
| <input type="checkbox"/> An Associate Degree and five (5) years of experience directly related to the subject matter being taught.                  |
| <input type="checkbox"/> Seven (7) years of auction experience directly related to the subject matter being taught.                                 |

<b>LIST ALL STATES IN WHICH YOU CURRENTLY HOLD AND AUCTIONEER OR APPRENTICE AUCTIONEER LICENSE:</b>
---

<b>LIST ALL VENDORS FOR WHOM YOU HAVE PREVIOUSLY TAUGHT THIS COURSE:</b>
--

<b>LIST ALL INSTRUCTOR’S CLINICS THAT YOU HAVE ATTENDED IN THE LAST FIVE (5) YEARS:</b>

\_\_\_\_\_  
SIGNATURE (TITLE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME